UNITED
NATIONS

CRC

Convention on the
Rights of the Child

Distr.
GENERAL

CRC/C/SR.448
30 March 1998

ENGLISH
Original: FRENCH

COMMITTEE ON THE RIGHTS OF THE CHILD

Seventeenth session

SUMMARY RECORD (PARTIAL) OF THE 448th MEETING*

Held at the Palais des Nations, Geneva,
on Tuesday, 20 January 1998, at 3 p.m.

Chairperson: Miss MASON

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* No summary record was issued for the rest of the meeting.

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GE.98-15134 (E)

The meeting was called to order at 3.05 p.m.

COOPERATION WITH OTHER UNITED NATIONS BODIES, SPECIALIZED AGENCIES AND OTHER COMPETENT BODIES (agenda item 5) (continued)

1. At the invitation of the Chairperson, the representatives of the World Health Organization took places at the Committee table.

2. The CHAIRPERSON recalled that, in accordance with article 45 of the Convention, the Committee could invite the specialized agencies it considered appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. She invited the representatives of the World Health Organization (WHO) to take the floor.

3. Mrs. HERRELL (World Health Organization) said that the enjoyment of the right to health depended on the enjoyment of many other human rights, including the right to adequate food and housing, to education, to training, to adequate working conditions and other civil and political rights. At the same time, the enjoyment of the right to health was essential to the exercise of the other human rights. However, like other social rights, the right to health was not yet receiving all the attention it deserved. An effort had to be made, therefore, to give it greater prominence in the protection and promotion of human rights.

4. Health indicators showed that it was most often inequality and discrimination that gave rise to health problems. Studies carried out throughout the world revealed that women, children, minorities, indigenous peoples and other groups who were victims of discrimination were disadvantaged in terms of health. That was why WHO, in the framework of its policy of health for all in the twenty-first century, was doing everything it could to ensure that the right to health and the well-being of all were at the centre of development strategies.

5. The right to health meant the right of every individual to the best possible state of health given his or her genetic and biological traits. From that perspective, WHO was making efforts to consolidate its partnership with bodies concerned with health and those working to promote human rights. Recently, therefore, it had engaged in consultations with the aim of strengthening its partnership with the human rights bodies of the United Nations system, intergovernmental and non-governmental organizations (NGOs) and university and other institutions dealing with health and human rights. The consultations had been fruitful and information on inequality and discrimination in the area of health care and access to health services would be shared with organizations concerned with the protection of human rights, international treaty bodies and NGOs. It had also been recommended that human rights training programmes should be developed in the health sector for persons studying to be health professionals, for health workers and for local-level officials, among others. It was also planned to hold regular meetings between WHO officials and the members of such treaty bodies as the Committee on the Rights of the Child, in order to decide how a collaboration and partnership that would be of benefit to all could be developed. The present meeting could therefore be followed by others of the same kind.

6. Mr. TULLOCH (World Health Organization) said that WHO was drawing up standards and guidelines in the areas of breastfeeding, vaccination and the distribution of medicines. It was also collaborating with Governments in the formulation of health policies at the national and regional levels. In particular, an international framework convention for tobacco control was being prepared.

7. WHO could help the Committee in the analysis and interpretation of health data, provide information to complement that contained in the reports that had been studied, contribute to the preparation of the Committee's concluding observations and recommendations on health, and help countries in promoting and protecting health. Collaboration with WHO in the initial stages could focus on the reduction of infant mortality and morbidity and maternal mortality, and the improvement of women's health. He pointed out that more than 500,000 women a year died from complications in pregnancy and that deaths among newborn babies accounted for around one fifth of infant mortality. There was particular cause for concern over early pregnancy, practices that were a threat to reproduction, such as female genital mutilation, and the fact that insufficient information and services relating to reproductive health were available to young people. With regard to young people's sexuality and reproductive health, it was important to remember that young people frequently began to have sexual relations during adolescence, which increased the risk of unwanted pregnancy. Worldwide, more than 10 per cent of women who gave birth were aged between 15 and 19.

8. In the developing countries, maternal mortality among young women under 18 years of age was between two and five times higher than among women aged 18 to 25, and one third of new cases of sexually transmitted diseases involved persons under the age of 25. Worldwide, more than half of new cases of HIV infection occurred in persons aged between 15 and 24. In that regard, access to education and health services, safety standards in housing, schools and workplaces, the age of majority and the age of consent to marriage were all factors that had a bearing on health and were of interest not only to WHO but also to the Committee on the Rights of the Child.

9. Returning to the question of young people's health, he said that infant mortality rates, which were far higher in the developing countries than in the developed countries, showed that the fundamental right to health was not guaranteed throughout the world. In 1995, 54 per cent of the 11.6 million deaths of children aged under five in the developing countries, were due to malnutrition, a condition that also played a role in cases of malaria, measles, diarrhoea and acute respiratory infections. It was for that reason that WHO had, together with UNICEF, drawn up a strategy for an integrated approach to childhood diseases that emphasized the vital importance of nutrition for health and the central role of vaccination, which should be accessible to all children. Between 1980 and 1996, the number of cases of diphtheria notified to WHO had fallen, only to rise again during the following years because of a lack of vaccination services and of information to parents about those services.

10. Lastly, he said that WHO was making efforts to draw up recommendations for the establishment of pregnancy, delivery and post-delivery health-care standards and the prevention of sexually transmitted diseases, HIV infection

and AIDS. It was also attempting to formulate guidelines on prevention and promotion in the area of reproductive health, to provide technical support for vaccination programmes by, for example, setting quality standards for vaccines and medicines, to implement country programmes, in collaboration with UNICEF, in order to improve the adolescent health, and to promote measures to combat drug addiction in children.

11. The CHAIRPERSON thanked Mrs. Herrell and Mr. Tulloch for their statements. She said that the reports of States parties usually emphasized the health of young children and often provided little information on adolescent health. Specific problems such as suicide or early pregnancy could arise at that stage of life, and the Committee might ask WHO to make a study of the subject.

12. Mrs. MBOI thanked the representatives of WHO for the information they had provided and asked whether WHO could, in future, give the Committee information on children up to the age of 18 since, according to article 1 of the Convention, a child meant every human being below the age of 18 years. The assistance of WHO in the analysis and interpretation of the data would also be invaluable.

13. The CHAIRPERSON recalled that the Committee always advised States parties which needed technical assistance to turn to WHO and welcomed the collaboration that had been established with that organization. In that context, she asked what criteria would govern the decision to provide assistance to one State party to the Convention rather than another.

14. Mr. TULLOCH (World Health Organization) said that the criterion could be the presence of a large number of health workers in the field to ensure that recommendations were followed up effectively.

15. Mrs. KARP had every confidence in the effectiveness of any future collaboration between the Committee and WHO and asked whether WHO could supply the Committee with specific information on various countries, such as the number of their child health specialists or the steps they were taking in the area of curative treatment.

16. Mrs. SARDENBERG emphasized that violations of the right to health could have a major impact on respect for the other rights embodied in the Convention and recommended the establishment of a framework for cooperation between WHO and the Committee; that would facilitate the work of both sides.

17. Mrs. PALME asked whether WHO collaborated with UNICEF, for example in preparing health indicators.

18. Mrs. QUEDRAOGO also welcomed the proposed cooperation, and added that WHO might have information or research findings on countries where there were no programmes in the field. Such information could also be useful to the Committee.

19. Mrs. HERRELL (World Health Organization) said that she would communicate the Committee's interest in the question of adolescent suicide and depression to the WHO services working in that area and provide the Committee with any

information that might be useful. She hoped that specific areas of collaboration with the Committee could be defined, so that maximum effectiveness could be achieved without delay.

20. Mr. TULLOCH (World Health Organization) warmly welcomed the idea of a framework for cooperation with the Committee and stressed the need for comparative data on countries at similar levels of development. He also suggested that the Division of Child Health and Development should act as an intermediary between the statistical services of WHO and the Committee.

21. The CHAIRPERSON thanked Mrs. Herrell and Mr. Tulloch for their contributions and invited them to take part in the preparations for the next session of the Committee.

The discussion covered in the summary record ended at 4.20 p.m.